

ORIGINAL FILE

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**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

Steven M. Ravid  
Clerk, Appellate Court  
First Judicial District  
160 N. LaSalle St., Rm. S1400  
Chicago, IL 60601

**COMPLETE THIS SECTION ON DELIVERY**

**A. Signature**

X *Michael Barkhou*

- ☐ Agent  
☐ Addressee

**B. Received by (Printed Name)**

MCNAEC BARKHOV

**C. Date of Delivery**

- D. Is delivery address different from item 1?** ☐ Yes  
If YES, enter delivery address below: ☐ No

**3. Service Type**

- ☒ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

**4. Restricted Delivery? (Extra Fee)**

- ☐ Yes

2 7003 0500 0003 5309 8779

02-010  
710

PS Form 3811, August 2001

Domestic Return Receipt

102595-02-M-0835

UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

ILLINOIS  
COMMERCE COMMISSION

SPRINGFIELD  
CIVIL SERVICE OFFICE

Illinois Commerce Commission  
827 East Capitol Avenue  
Springfield, Illinois 62701